

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: SYNCHRONOUS OPTICAL MEASUREMENT
AND INSPECTION METHOD AND MEANS
Attorney Docket Number:: 3511-1003
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: IIRO
Middle Name::
Family Name:: HIETANEN
Name Suffix::
City of Residence:: HELSINKI
State or Province of Residence::
Country of Residence:: FINLAND
Street of Mailing Address:: RAKUUNANTIE 9A
Address::
City of Mailing Address:: HELSINKI
State or Province of Mailing Address::
Country of Mailing Address:: FINLAND
Postal or Zip Code of Mailing Address:: FIN-07780

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: HEIMO
Middle Name::
Family Name:: KERANEN
Name Suffix::
City of Residence:: OULU
State or Province of Residence::
Country of Residence:: FINLAND
Street of Mailing Address:: KASIKIVENTIE 15
Address::
City of Mailing Address:: OULU

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: FIN-90240

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FINLAND

Status:: Full Capacity

Given Name:: SEppo

Middle Name::

Family Name:: PYORRET

Name Suffix::

City of Residence:: KELLO

State or Province of

Residence::

Country of Residence:: FINLAND

Street of Mailing MANNISENKUJA 5

Address::

City of Mailing Address:: KELLO

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: FIN-90820

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FI03/00814	11/4/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FINLAND	20021973	11/5/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::